PCN:	PROJECT NAME:	PAGE()F	
CHANGE NUMBER:	CCB CHANGE EVALUATION	DATE:		
CHANGE TITLE:				
YES NO Existing hardware	☐ Maintainability ☐ Turnaround ☐ T t ☐ Other (Specify):	Excluding cost per flight): Cost: Cost: Cost: Cost: Cost: Cost: Remainder:		/
5. DESCRIPTION OF ACTIONS REQUIRED BY EVALUATOR IF CHANGE IS APPROVED. Identify required contract and/or document (Specs, ICDs, DWGs, etc.) changes by number. (Use page 2 if necessary):				
6. RECOMMENDATION (Use page 2 if necessary): Acceptable as written Acceptable with changes (Describe changes below) Not applicable to this office				
7. CCB MEMBERS				
Namo Vos		Namo	Conc	
Name Yes	No Name Yes No	Name	Yes	No
CCB CHAIRMAN:				